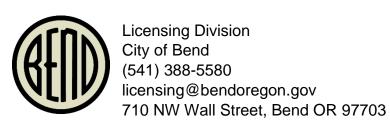
Last Revised Date: 04/30/2020



This submittal form is to be completed as part of your Change of Information application with the City of Bend. *Download this form before completing fillable fields*, then upload to your active license or registration through the Online Permit Center at www.bendoregon.gov/permitcenter.

CHANGE OF INFORMATION FORM – BUSINESS REGISTRATION

Business Name:	Registration #:		
Mailing Address:			
	City	State	Zip
Business Owner Change			
Previous Owner(s) Name(s):			
New Owner(s) Name(s):			
Business Name Change			
New Name:			
Effective Date:			
Business Address Change			
Current Address:			
New Address:			
Effective Date:			
· · · · · · · · · · · · · · · · · · ·			
Authorized Representative Name (Print)	Title		
Authorized Representative Signature	 		
Authorized Representative Signature	Date		
Has your business closed?			
□ Yes: Reason	□ No		

LIC – Change of Information Form – Business Registration

